

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 10 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N32499 (8)**  
1. Corporation Name  
**HIBERNIA PLANTATION HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>HIBERNIA PL. HOMEOWNERS ASSOC. P.O. BOX 1188 GREEN COVE SPRINGS FL 32043 US</b>	Mailing Address <b>HIBERNIA PL. HOMEOWNERS ASSOC. P.O. BOX 1188 GREEN COVE SPRINGS FL 32043 US</b>
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3. Date Incorporated or Qualified <b>05/25/1989</b>	
4. FEI Number <b>59-2975342</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 2215 East SR 200</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 P O Box 1987</b> Suite, Apt. #, etc.
22 City & State <b>23 Yulee FL</b>	27 City & State <b>28 Yulee FL</b>
24 Zip <b>32097</b>	25 Country <b>US</b>
29 Zip <b>32041-1987</b>	30 Country <b>US</b>

**9. Name and Address of Current Registered Agent**

**BOBBIE B KIRK  
2284 STOCKTON DRIVE  
HIBERNIA PLANTATION ON THE ST. JOHNS  
GREEN COVER SPRINGS FL 32043**

**10. Name and Address of New Registered Agent**

81 Name <b>Terrell J Powell</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>2215 East SR 200</b>	
83	
84 City <b>Yulee</b>	85 Zip Code <b>FL 32097</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Terrell J. Powell DATE: **4-6-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FLANAGAN, TIM</b>	
STREET ADDRESS	<b>2305 STOCKTON DRIVE</b>	
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOBBIE B KIRK</b>	
STREET ADDRESS	<b>2284 STOCKTON DR</b>	
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARKER, JIM</b>	
STREET ADDRESS	<b>1483 BRIDGETTE WAY</b>	
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KIRK, BOBBIE B</b>	
STREET ADDRESS	<b>2284 STOCKTON DR</b>	
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRENDA PRUDHOMME</b>	
STREET ADDRESS	<b>6110 BERMUDA</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HARRELL, MICHAEL</b>	
STREET ADDRESS	<b>2375 BRIDGETTE WAY</b>	
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>PD PINEIRO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b><del>PINERO, ED</del></b>	
1.3 STREET ADDRESS	<b>1484 SCARLETT WAY</b>	
1.4 CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL 32043</b>	
2.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>WATSON, LYNN</b>	
2.3 STREET ADDRESS	<b>2371 BRIDGETTE WAY</b>	
2.4 CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL 32043</b>	
3.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MILLS, KATHI</b>	
3.3 STREET ADDRESS	<b>2401 MOLLY LANE</b>	
3.4 CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL 32043</b>	
4.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>WILDER, Randy</b>	
4.3 STREET ADDRESS	<b>2369 Stockton Dr</b>	
4.4 CITY-ST-ZIP	<b>Green Cove Springs, FL 32043</b>	
5.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Stockton, Chris</b>	
5.3 STREET ADDRESS	<b>2269 Stockton Dr</b>	
5.4 CITY-ST-ZIP	<b>Green Cove Springs, FL 32043</b>	
6.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Kiriloff, Elizabeth</b>	
6.3 STREET ADDRESS	<b>1496 Kathleen Way</b>	
6.4 CITY-ST-ZIP	<b>Green Cove Springs, FL 32043</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] **03/26/98**

CR2E037 (10/97)